

FORM OMH 471A (1-89)

State of New York
Office of Mental Health**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

OH, Frederick

Sex

Male

6/12/80
Date of Birth

Address

CPC

CERTIFICATIONI, PHILIP NINAN, hereby certify that:
(Name of Examining Physician)

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person
on:

| | | |
|-----|-----|------|
| 04 | 24 | 02 |
| MO. | DAY | YEAR |

 at CPC / admission area
(place where examined)

- I find:
 - this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
- I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
- I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
- If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

| | | | | | | | | | | | | | | |
|--|--------------------------------------|--|-----|------|----|---|----|----|-----|-----|-----|-----|------|----|
| Signature <u>Philip Ninan</u> | Print Name Signed <u>P. NINAN</u> | Title <u>Staff Psychiatrist</u> | | | | | | | | | | | | |
| Address <u>80-45 Winchester Blvd, Queensville</u> | Phone Number <u>718-264-4140</u> | Date <table border="1"> <tr> <td>04</td> <td>24</td> <td>02</td> <td>3</td> <td>30</td> <td>AM</td> </tr> <tr> <td>Mo.</td> <td>Day</td> <td>Yr.</td> <td>Hr.</td> <td>Min.</td> <td>PM</td> </tr> </table> | 04 | 24 | 02 | 3 | 30 | AM | Mo. | Day | Yr. | Hr. | Min. | PM |
| 04 | 24 | 02 | 3 | 30 | AM | | | | | | | | | |
| Mo. | Day | Yr. | Hr. | Min. | PM | | | | | | | | | |
| <u>my - 11427</u> <u>21 yr old single male a resident of</u> <u>Crisis Residence who over the past</u> <u>several weeks has been LHOOC on</u> <u>several occasions. Yesterday pt went</u> <u>to the bank where his aunt works</u> <u>and was agitated, demanding money</u> <u>On his return to CPC he was irritable</u> | | | | | | | | | | | | | | |

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Person's Name (Last, First, M.I.)

And was referred for inpatient
stabilization. In the admissions
area it became assaultive
and threatening and was
involved in a fight with a staff
member. He needs inpatient
stabilization at this time

FORM OMH 471A (1-89)

State of New York
Office of Mental Health**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

120128.
D.H. Frederick

Sex

male

6/12/90.
Date of Birth

Address

CPC

CERTIFICATIONI, ANTOINE, LESLIE M.D., hereby certify that:
(Name of Examining Physician)

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person
on:

| | | |
|-----|-----|------|
| 04 | 24 | 92 |
| MO. | DAY | YEAR |

 at CPC Admitting area
(place where examined)
- I find:
 - this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
- I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
- I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
- If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature

Antoine, Leslie

Print Name Signed

L. ANTOINE

Title

M.D. Psychiatrist

Address

80-45 Winchester Blvd
Queens Village, N.Y. 11427

Phone Number

(718) 264-4139

Date

Mo.

Day

Yr.

Hr.

Min.

AM

PM

4

24

92

3

30

AM

PM

21 year old single, unemployed
white male residing at Stepping Stone / Crisis
Residence was brought here to admitting
area because of agitated, hostile, disruptive
combative, threatening and assaultive
behaviors. While patient was sitting in
admitting, reportedly, he assaulted staff.

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Person's Name (Last, First, M.I.)

members, involving in a fight with
~~frustration~~ any reason.

~~uncooperative~~ Patient is presently very
hostile, irritable, uncooperative
potentially dangerous to himself
and others, requiring inpatient
care at this time.

CERTIFICATE OF EXAMINING PHYSICIAN

To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

DeLuise, Joseph

Sex

M

8/2/6

Date of Birth

Address

CPC

CERTIFICATION

I, BALJIT K. SINGH MD, hereby certify that:
(Name of Examining Physician)

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person

on:

| | | | |
|-----|-----|------|---|
| 11 | 12 | 16 | 1 |
| MO. | DAY | YEAR | |

at

Creedmoor Psych. Center

(place where examined)

- I find:
 - this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
- I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
- I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
- If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

| | | |
|--------------------------------------|-------------------|----------------------|
| Signature | Print Name Signed | Title |
| B. K. Singh MD | B. K. SINGH MD | Psych. I |
| Address | Phone Number | Date |
| 80-45 Winches Road Bldg. 20 NY 11427 | (718) 264-4008 | 11/20/01 |
| | | Mo. Day Yr. Hr. Min. |

33 yr old, w/s/m, homeless admitted to CPC on 11/19/01 on a CPL 730.40 s.t. transferred from Kings County Hosp on 10/25/01. He was arrested on the charges of Criminal Trespass II. He was found sleeping on the roof (st. landing) of building next to his

**CERTIFICATE OF EXAMINING
PHYSICIAN**

**To Support and Application for
Involuntary Admission**

Person's Name (Last, First, M.I.)

Hoggard, Kim

Sex

Female

Date of Birth


5/19/65

Address **80-45 Winchester Blvd., Queens Village, NY 11427**

CERTIFICATION

I, **Cynthia De Los Santos, M.D.** hereby certify that:

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person.
on: **6/30/05** at **Creedmoor Psychiatric Center.**
3. I find:
 - a. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("*in need of involuntary care and treatment*" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgement is so impaired that he or she is unable to understand the need for such care and treatment); and
 - b. as a result his or her mental illness, this person poses a substantial threat of harm to self or others ("*substantial threat of harm*" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

| | | | | | | | |
|---|---|------------------------------|-----|-----|---------------------------|------|-------|
| Signature  | Print Name Signed Cynthia De Los Santos | Title Psychiatrist | | | | | |
| Address 80-45 Winchester Blvd., Queens Village, NY 11427 | Phone Number 718-264-5046 | Date 6/30/05 | | | Time 11:00 A.M. | | |
| | | Mo. | Day | Yr. | Hr. | Min. | AM/PM |

40 year old African American female, with no history of psychiatric treatment prior to 2005, was brought to CPC from Riker's Island on a CPL 730.40, charged with Criminal Contempt II. It was alleged that she violated an order of protection on 6/10/05, obtained by her father when she was angry, belligerent and threatening. The order of protection was from 5/2/05 until 6/22/05, and upon conversation with the father, he planned to renew it. The pt. was not forthcoming with her history, denied that an order of protection was obtained and contradicted what was reported in the evaluation done at the Queens Forensic Court Clinic. Her current mental status presents as a hypervigilant, irritable female, with marked guardedness and evasiveness. She insists that she should not be here, and perseverates about the judge not informing her, devaluing her lawyer's involvement. Paranoid delusions are evident, with no hallucinations observed or reported. She shows no insight and her judgment is impaired. She needs hospitalization for stabilization and treatment, is at risk to the safety of others.

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Person's Name (Last, First, M.I.)

grandmother's Building. He has past H/O similar arrest. On CPL evaluation Pt. was found Not Fit to proceed.

On evaluation Pt. a young w/m, stated age, superficially calm, easily excitable. Affect seemed irritable, intense. Pt. tends to become argumentative minimizes his behavioral problems as the impact his trespassing has on others. Pt. presents as suspicious & paranoid. Insight & judgement is grossly impaired. Semi-ideal suicidal & homicidal ideas or plans however he is considered a potential danger to self & others due to his H/O trespassing.

Pt. not able to be managed in the community & needs further Psych. In. Patient admission.

| | |
|---|-----------------------------------|
| CERTIFICATE OF EXAMINING PHYSICIAN To Support an Application for Involuntary Admission | Person's Name (Last, First, M.I.) |
| | DeLui'se, Joseph |
| | Sex: M Date of Birth: 8/2/60 |
| | Address: CPC |

CERTIFICATION

I, CYNTHIA DELOSANTOS, MD, hereby certify that:
(Name of Examining Physician)

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person
on:

| | | |
|-----|-----|------|
| 11 | 20 | 01 |
| MO. | DAY | YEAR |

 at Creedmoor Psychiatric Center
(place where examined)
- I find:
 - this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
- I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
- I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
- If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

| Signature <u>Cynthia DeLui'se</u> | Print Name Signed <u>CYNTHIA DELOSANTOS</u> | Title <u>MD</u> | | | | | | | | | | |
|---|--|---|------------------|-----------------|--|------|--|------------------|------------------|------------------|------------------|-----------------|
| Address <u>80-45 WINCHESTER BLVD</u> | Phone Number <u>264-5046</u> | <table border="1"> <tr> <th colspan="3">Date</th> <th colspan="2">Time</th> </tr> <tr> <td><u>11</u> Mo.</td> <td><u>20</u> Day</td> <td><u>01</u> Yr.</td> <td><u>11</u> Hr.</td> <td><u></u> Min.</td> </tr> </table> | Date | | | Time | | <u>11</u> Mo. | <u>20</u> Day | <u>01</u> Yr. | <u>11</u> Hr. | <u></u> Min. |
| Date | | | Time | | | | | | | | | |
| <u>11</u> Mo. | <u>20</u> Day | <u>01</u> Yr. | <u>11</u> Hr. | <u></u> Min. | | | | | | | | |

33 y/o Italian/Irish American M, admitted to CPC
on 11/19/01 as a CPL 730.40, after being charged with
criminal trespass II. Pt acknowledge he was
sleeping in the flight landing zone. The rooftop where his
grandmother lived, has been homeless x 4 years.
Pt has a MD ETA and criminal record and he
claims his last use was "2 years ago". Pt is

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Person's Name (Last, First, M.I.)

DeLuise, Joseph

exacerbate and minimize

extent and severity of substance abuse.

It externalizes and blames others for his predicament. It is too assaultive.

MSE: (+) paranoid delusions are evident as pt states he is "controlled by the government"

(+) grandiose delusions

no current hallucinations, no current suicidal or homicidal behavior.

speech is spontaneous and disorganized, circumstantial mood is irritable at times. affect is appropriate to mood.

It needs hospitalization considering presence of delusions, incoherence, lack of insight, too poor impulse control, homelessness and drug abuse.

FORM OMH-471A (1-89)

State of New York
Office of Mental Health**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Milanitch Margarita

F

4/28/68

Sex

Date of Birth

CPE

8B/133

Address

CERTIFICATIONI, SYAMALA G. DAS-MON, hereby certify that:
(Name of Examining Physician)

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person
on:

| | | |
|-----|-----|------|
| 07 | 04 | 07 |
| MO. | DAY | YEAR |

 at Credmoor Psychiatric Center
(place where examined)
- I find:
 - this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
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- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

| | | | | | | | | | | | | | | | | |
|--|---|---|------|------|--|-----|--|----|-----|-----|------|--|---|----|-----|------|
| Signature <u>Syamala Dasmon</u> | Print Name Signed <u>SYAMALA G. DAS-MON</u> | Title <u>Psychiatrist 2</u> | | | | | | | | | | | | | | |
| Address <u>80-45 Kew-Forest Blvd</u> <u>Queens Village, NY 11422</u> | Phone Number <u>718-264-4008</u> | <table border="1"> <tr> <td>Date</td> <td>Time</td> </tr> <tr> <td> <table border="1"> <tr><td>07</td><td>04</td><td>07</td></tr> <tr><td>Mo.</td><td>Day</td><td>Yr.</td></tr> </table> </td> <td> <table border="1"> <tr><td>3</td><td>10</td></tr> <tr><td>Hr.</td><td>Min.</td></tr> </table> AM </td> </tr> </table> | Date | Time | <table border="1"> <tr><td>07</td><td>04</td><td>07</td></tr> <tr><td>Mo.</td><td>Day</td><td>Yr.</td></tr> </table> | 07 | 04 | 07 | Mo. | Day | Yr. | <table border="1"> <tr><td>3</td><td>10</td></tr> <tr><td>Hr.</td><td>Min.</td></tr> </table> AM | 3 | 10 | Hr. | Min. |
| Date | Time | | | | | | | | | | | | | | | |
| <table border="1"> <tr><td>07</td><td>04</td><td>07</td></tr> <tr><td>Mo.</td><td>Day</td><td>Yr.</td></tr> </table> | 07 | 04 | 07 | Mo. | Day | Yr. | <table border="1"> <tr><td>3</td><td>10</td></tr> <tr><td>Hr.</td><td>Min.</td></tr> </table> AM | 3 | 10 | Hr. | Min. | | | | | |
| 07 | 04 | 07 | | | | | | | | | | | | | | |
| Mo. | Day | Yr. | | | | | | | | | | | | | | |
| 3 | 10 | | | | | | | | | | | | | | | |
| Hr. | Min. | | | | | | | | | | | | | | | |

This is a 33 yr old Mexican woman, single and unemployed, admitted to PB following an incident on 7/3 this morning. According to the patient she was not taking medication for last few days and today the nurse gave her the medicine "the nurse pushed me and I pushed her back". She has her psychiatrist at QVOPD pt has not been attending the program regularly, and she compliance

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Person's Name (Last, First, M.I.)

of medication was also questionable. She was also abusing the "pot". On evaluation she is calm at present, admits to not attending the program regularly and non-compliant with medication. She denies hearing voices, no overt delusions elicited at this time. Her mood is labile and has unpredictable behavior. Pt is admitted to SB on 2 R status because of agitated unpredictable behavior.

Dyanak Room

FORM OMH 471A (1-89)

State of New York
Office of Mental Health**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Ledesma Narciso 12116

Sex

F

Date of Birth

4/30/61

Address

CPC

8b

CERTIFICATIONI, Aneeta Predanic, MD, hereby certify that:
(Name of Examining Physician)

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person
on:

| | | |
|----|-----|------|
| 01 | 18 | 02 |
| MO | DAY | YEAR |

 at Crescent Psychiatric Center
(place where examined)
- I find:
 - this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
- I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
- I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
- If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature

Print Name Signed

ANEETA PREDANIC, MD

Title

Psychiatrist

Address

8045 Winchester Blvd, Crescent Village
11427

Phone Number

718 264 4129

Date

Mo. Day Year

No.

Day

Year

11

18

02

41

55

AM

Min.

PT

PT is a 41 y/o F, transferred from Rikers Island, a CPC 730.40 status. PT was charged w/ assault in third degree and resisting arrest, that were brought up by her husband. PT is very guarded, refuses to give any information about herself, refuses to give any phone numbers of significant others. She states that she doesn't want any benefits. A

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Person's Name (Last, First, M.I.)

also states that her husband has done bad things, but wouldn't talk about it - states that "everybody knows, they showed it on TV".

For now, ~~pt~~ is in need of inpatient level of care for further evaluation and her safety.

Alender to

FORM OMH 471A (1-89)

State of New York
Office of Mental Health**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

LEDESMA, NARCISA

Sex:

F

Date of Birth

4/30/61

Address

CPC - 8B

CERTIFICATIONI, CYNTHIA DE LOS SANTOS, hereby certify that:
(Name of Examining Physician)

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person
on:

| | | | | | |
|----|-----|------|---|---|---|
| 0 | 1 | 1 | 8 | 0 | 2 |
| MO | DAY | YEAR | | | |

 at Creedman Psych. Ctr
(place where examined)
- I find:
 - this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
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- I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
- If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature

CYNTHIA DE LOS SANTOS

Print Name Signed

CYNTHIA DE LOS SANTOS

Title

MD

Address

80-45 WINCHESTER BLVD

Phone Number

264-4008

Date

1 Mo.

15 Day

Or

Yr.

Time

1:30

A

P

41yo Hispanic female who was
admitted to CPC on 1/15/02 upon transfer
from Riker's Island on a CR, charged with
assault on 12/30, resisting arrest.

At arraignment, when denied her release
for arrest. She has no idea why she is here.
Her MSE: AT is Hispanic, looks stated age,

Form OMH 471 A (1-89) page 2

Person's Name (Last, First, M.I.)

fairly groomed, good eye contact, spontaneous speech, c/o Spanish accent, can speak and understand English to a degree, her tone is neutral, somewhat reserved; circumstantial and targeted, a divorcee as to the reason for arrest - "Richard called the police", He I told them there were people working on my door."

Paraphrased allegations focused on "Mr. Richard" formally, "They wrote things down to get me in trouble"; illogical accuse a teacher of falsifying her name on a her son's letter, "went to a judge to sue" but it cannot specify why a teacher would falsify her name, nor specifying the reason why she went to the judge.

No suicidal or homicidal plans elicited.

No hallucinations reported.

At need hospitalization for observation.
(It is an unstable history).

FORM OMH 471A (1-89)

State of New York
Office of Mental Health**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Kim Young
(Lee)

121-13

Sex

F

12/25/81

Address

CPC

133/815

CERTIFICATIONI, B. K. SINGH MD, hereby certify that:
(Name of Examining Physician)

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person
on:

| | | |
|----|-----|------|
| 12 | 27 | 01 |
| MO | DAY | YEAR |

 at Creedmoor Psych. Center
(place where examined)
- I find:
 - this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
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- If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature

B. K. Singh MD

Print Name Signed

B. K. SINGH MD

Title

Psych - I

Address

80-45 Winchesters Blvd.

Phone Number

(718) 264-4008

Date

12/27/01

Time

11:15 AM

31 yr old, Korean, Female was admitted to CPC on 12/26/2001 on a CPC 730 Final order of deinstitution transferred from EHC - forensic services. On 11/2/2001 Pt. was arrested on charges of Petit larceny & Criminal possession of stolen property 5th.

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Person's Name (Last, First, M.I.)

Allegedly Mr. stole two pairs of gloves from a store. She was held in the custody of Rikers Island prison. She was found to be confused, disorganized, agitated, excitable, suspicious, delusional. She was found to be incoherent, illogical when interviewed through a Korean speaking interpreter. She is alert, conscious, ambulatory. Insight & judgement grossly impaired. She is considered not able to care for herself. She is not able to be managed in the community. Mr. needs continued psych. inpatient treatment.

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State of New York
Office of Mental Health**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Jackson Keelson AKA Jesus 1212

Sex

M

Date of Birth

1/15/82

Address

CPC

CERTIFICATIONI, Andra Predanic, MD, hereby certify that:
(Name of Examining Physician)

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person

on:

| | | |
|-----|-----|------|
| 02 | 13 | 02 |
| MO. | DAY | YEAR |

 at Woodward Reproductive Center
(place where examined)

- I find:
 - this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
- I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
- I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
- If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature

A. Predanic

Print Name Signed

A. PREDANIC, M.D

Title

Psychiatrist

Address

8045 Wilchester Blvd, Queens Village, NY 11429

Phone Number

718 264-4129

Date

02

13

02

3

15

A

Mo.

Day

W.

Th.

Fri.

P

It is a 20 y/o BM, transferred from Kings County Hospital Cent.
It was charged with Attempted Grand Larceny 1st and Attempted
Petit Larceny.

It presents as very hyperactive, pressured speech, grandiose
delusions that he is God, that he's 7 feet tall, that he is
a rap star and that he has a special gift. It was
reportedly aggressive and threatening while at Kings County

Form OMH 471 A (1-89) page 2

| | Person's Name (Last, First, M.I.) |
|---|-----------------------------------|
| Psychiatric Hospital. Given his sxs, it is unable to care for self and present a danger to himself/others and therefore requires continued inpatient level of care. | |
| Hendler-123 | |
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FORM OMH 471A (1-89)

State of New York
Office of Mental Health**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Jackson, Termaire

Sex

M

Date of Birth

1/15/82

Address

CPC

CERTIFICATIONI, CYNTHIA DE LOS SANTOS, MD, hereby certify that:
(Name of Examining Physician)

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person
on:

| | | | | | |
|----|-----|------|---|---|---|
| 0 | 2 | 1 | 3 | 0 | 2 |
| MO | DAY | YEAR | | | |

 at CPC - 8B
(place where examined)
- I find:
 - this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
- I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
- I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
- If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature

Cynthia De Los Santos

Print Name Signed

CYNTHIA DE LOS SANTOS

Title

MD

Address

80-45 WINCHESTER BLVD, NY

Phone Number

764-4008

Date

02

13

02

2

30

A

Mo.

Day

Yr.

Hr.

Min.

P

2046 AFA I is transferred from

Kings County Hospital on a 730

PT has occurred of robbery and was

charged with grand larceny and petit larceny

PT reported to using marijuana at that time.

PT mentions heroin and recently

MD and ETOH abuse, "maybe" used PCP.

Form OMH 471 A (1-89) page 2

Person's Name (Last, First, M.I.)

JACKSON JERMAINE

Currently it presents hypomania;
thought disorganization - is tangential
and circumstantial grandiose
limited insight and in some aspects
impaired judgment
It is an unreliable historian at times.

CERTIFICATE OF EXAMINING PHYSICIAN

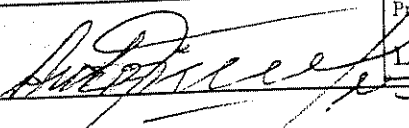
**To Support and Application for
Involuntary Admission**

| | | | |
|---|---------------|----------|--|
| Person's Name (Last, First, M.I.) | | C Number | |
| Bobby White. | | 122525 | |
| Sex | Date of Birth | 122545 | |
| Male | 12/10/1965 | | |
| Address CPC 80-45 Winchester Blvd. Queens Village, N.Y. 11427 | | | |

CERTIFICATION

I, Leslie Antoine, hereby certify that:

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person.
on: 12/30/2005 at Creedmoor Psychiatric Center.
3. I find:
 - d. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgement is so impaired that he or she is unable to understand the need for such care and treatment); and
 - b. as a result his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (ii) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

| | | | |
|--|-------------------------------------|----------------------------|-------------------|
| Signature  | Print Name Signed Leslie Antoine | Title M.D. Psychiatrist | |
| Address 0-45 Winchester Blvd Queens Village, N.Y. 11427 | Phone Number 1-718-264-4139 | Date 12/30/2005 | Time 1:45 P.M. |
| | | Mo. | Day |
| | | Yr. | Hr. |
| | | Min. | AM/PM |

30 year old black, single, unemployed, undomiciled male was admitted to CPC on transfer from Bellevue Hospital Center on 30.40 CPL status. Patient was found to be an incapacitated person in that as a result of mental illness lacks capacity to understand the proceedings against him or to assist in his defense, Order for 730 Examination was given by the Court.. Patient is still found to be disorganized, guarded, paranoid, uncooperative, hostile, psychotic, therefore considered dangerous to himself and others and in need of inpatient care for stabilization of his mental process.

FORM OMH 471A (1-89)

State of New York
Office of Mental Health**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Laviscount, Winnie 06938

Sex

F

Date of Birth

2/18/54

Address

CNC

SB

CERTIFICATIONI, SYAMAHA G. DAS, M.D., hereby certify that:
(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person
on:

| | | |
|-----|-----|------|
| 11 | 01 | 02 |
| MO. | DAY | YEAR |

 at Creedmoor Psychiatric Center
(place where examined)
3. I find:
 - a. this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - b. as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - c. hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

| Signature <u>Syama Das</u> | Print Name Signed <u>SYAMAHA G. DAS, M.D.</u> | Title <u>Psychiatrist</u> | | | | | | | | | | | | |
|--|---|---|----------|------------|----|------|--|--|-----------|-----------|-----------|----------|------------|----|
| Address <u>80-48 Manchester Blvd. Queens Village, NY 11422</u> | Phone Number <u>718-264-4608</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">Date</th> <th colspan="3">Time</th> </tr> <tr> <td>10 Mo.</td> <td>10 Day</td> <td>02 Yr.</td> <td>9 Hr.</td> <td>58 Min.</td> <td>AM</td> </tr> </table> | Date | | | Time | | | 10 Mo. | 10 Day | 02 Yr. | 9 Hr. | 58 Min. | AM |
| Date | | | Time | | | | | | | | | | | |
| 10 Mo. | 10 Day | 02 Yr. | 9 Hr. | 58 Min. | AM | | | | | | | | | |

This is a 48 yr. old African American married female, residing with her husband and 10 children was admitted to CPC on a 720.40 CP2 status on 10/2/02. She is charged with Assault III and Harassment II. A denial of substance abuse. At per pt. one previous adm. to CPC at the age of 16 and 2-3 adm. to Holbrook Hospital this year. On evaluation pt is calm, cooperative

Form OMH 471 A (1-89) page 2

Person's Name (Last, First, M.I.)

Superficially, she is pleasant and guarded, clever.
-- Had she is protected by CIA. Her mood is elated.
Her insight and judgement impaired. She is
Non-compliant with the treatment. It is psychotic
and needs stabilization.

Symone's Room

FORM OMH 471A (1-89)

State of New York
Office of Mental Health**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Laviscount, Winnie 069358

Sex

F

Date of Birth

2/18/64

Address

CPC

8B

CERTIFICATIONI, CYNTHIA DE LOS SANTOS MD, hereby certify that:
(Name of Examining Physician)

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person
on:

| | | | | |
|-----|-----|------|---|---|
| 11 | 0 | 9 | 0 | 2 |
| MO. | DAY | YEAR | | |

 at Credence Psychiatric Center
(place where examined)
- I find:
 - this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
- I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
- I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
- If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature

Cynthia De Los Santos

Print Name Signed

C. DE LOS SANTOS

Title

PSYCHIATRIST

Address

C. P. C. 80-45 Winchur Blvd
Olmsteadville

Phone Number

764-4008

Date

10
Mo.09
Day02
Yr.

Time

4
Hr.45
Min.AM
PM

48 y/o African / Native American, married ♀, is
admitted to CPC on a 720.40 CPL status after she was
charged with harassment and assault. She has a No
Impulsions, 2-3x at Holliswood Hospital, following
the aggressive behavior, e.g. hitting a ♀ in a grocery store
It has no substance abuse, but has a No
non-compliance to meds, stating that nothing is wrong other

Form OMH 471 A (1-89) page 2

Person's Name (Last, First, M.I.)

She reports that the 1st time she was hospitalized at
Holliston, she was released upon "court order", and not
take meds while there, was re-hospitalized after her
mother died.

On MSE, she was incoherent but showing
organization in her thought process. She presents
in organized delusions - "They set me up;" that the
doctor at H&H was vindictive; @ grandiosity
more is false, affect is broad and appropriate,
behavior is intense @ SM-IP

No insight, impaired judgment
@ needs hospitalization for stabilization & her
symptoms, is resistant to medication adjustment
c/o "memory problems"; blaming it on meds

VMK
Dr. L. Santos

FORM OMH 471A (1-89)

State of New York
Office of Mental Health**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Mangal Omawathie 120-88

Sex: F

9/1/58

Date of Birth

Address

CPC

CERTIFICATIONI, B. K. SINGH MD, hereby certify that:
(Name of Examining Physician)

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person

on: 06/03/02 at Creedmoor Psych. Center
MO DAY YEAR (place where examined)

- I find:
 - this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
- I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
- I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
- If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

| | | |
|---|--------------------------------------|--|
| Signature <u>B. K. Singh MD</u> | Print Name Signed <u>B. K. SINGH</u> | Title <u>Psych. I</u> |
| Address <u>Creedmoor Psych. Center - Queens Village</u> | Phone Number <u>(718) 264-4008</u> | Date <u>06/03/02</u> Time <u>3:00 PM</u> |

43 y2 old, SIF of Guyanese Br. origin was admitted to CPC on 5/31/02 on a CPL 720.40 status transferred from Riker's Island Prison. Pt. was charged with Criminal Trespassing 2nd. On CPL eval action Pt. was found Not Fit to Proceed.

Form OMH 471 A (1-89) page 2

Person's Name (Last, First, M.I.)

pt. went to office of Comptroller at Educational Alliance office believing that their office was plotting against her, stole trillions of dollars from her that Mayor Gubernia was involved in her case.

pt. has past H/O Psych. ill ness. & Psych. admissions since 1996. Has H/O Treatment Non-compliance.

At present pt. superficially calm female, pleasant however becomes guarded, evasive. Pt. continues to believe that she was invited to come to Education Alliance office, that she should have gone there with Police. Pt. is considered delusional, Psychotic with impaired insight & judgement. She needs continued Psych. In-Patient admission.

Form OMH 471 (MH) (2-94) Page 2

State of New York
OFFICE OF MENTAL HEALTHState of New York
OFFICE OF MENTAL HEALTHAPPLICATION FOR INVOLUNTARY
ADMISSION ON MEDICAL CERTIFICATION
Section 9.27 Mental Hygiene Law

II. GENERAL INFORMATION

A. Mental Hygiene Legal Service

The Mental Hygiene Legal Service is an agency of the New York State Supreme Court which provides protective legal services, advice and assistance, including representation, to all patients admitted to psychiatric facilities. Patients are entitled to be informed of their rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

There is a Mental Hygiene Legal Service office in many psychiatric hospitals. Where there is no office at the hospital, a representative of the Service visits periodically and frequently. Any patient or anyone in his or her behalf may see or communicate with a representative of the Service by telephoning or writing directly to the office of the Service or by requesting someone on the staff of the patient's ward to make such arrangements for him or her. The Mental Hygiene Legal Service representative for this hospital may be reached at: _____

B. Reimbursement

The patient is legally responsible for the cost of care. Additionally responsible are the patient's spouse and in some cases the parents of a patient under the age of 21. Also legally responsible are the committee, guardian, or trustee of a trust fund established for the support of the patient, or any fiduciary or payee of funds for the patient.

Charges may be waived or reduced when there is inability to pay. Any person who applies for a waiver or reduction of charges must cooperate in a financial investigation to determine ability to pay.

PART A

Application for Admission

I hereby apply for the admission of Guang Keun (Name of person)
to Woodhull Psychiatric Center (Name of Hospital), a hospital providing services for the mentally ill.

My reasons for applying for admission of this person are as follows:

It is a 47 Korean, married female, transferred from Elmhurst Hospital Forensic Unit as CPL 760.40, charged E assault. It absolutely denies that she attacked anybody, and describes the instant offense as if she was assaulted. It stated she has no mental illness, gives conflicting information on repeated interviewing, was described as delusional, distractible and hearing voices. At this time, it is in need of further inpatient stay for further evaluation and stabilization.

Under penalty of perjury, I attest that the information supplied on this application is true to the best of my knowledge and belief.

| | | | |
|--|--|---------------------------------------|---|
| Signature of Applicant <u>Charles A. Dizon</u> | | Relationship/Title <u>Exec Dir</u> | |
| Address <u>CPC, 80-45 Winchester Blvd, QV, NY</u> | | | Date MO. DAY YEAR <u>8</u> <u>5</u> <u>02</u> |

PART B

Psychiatrist's Confirmation of Need for Involuntary Care and Treatment in a Hospital

I HAVE EXAMINED THE ABOVE-NAMED PERSON PRIOR TO ADMISSION¹ AND CONFIRM:

- that the person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill; and
- that as a result of his or her mental illness, the person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with noncompliance with mental health treatment programs).

| | | | | | |
|---------------------------------|----------|----------|-----------|--------------|-------------|
| Signature <u>[Signature]</u> | Date | | | Time | |
| | MO. | DAY | YEAR | | |
| | <u>8</u> | <u>7</u> | <u>02</u> | <u>11:30</u> | <u>A.M.</u> |

NOTE: Part B does not have to be completed for conversions of already-admitted patients to Involuntary 9.27 Status.

9-30-02

CPC - 04 00277

**APPLICATION FOR
INVOLUNTARY ADMISSION ON MEDICAL
CERTIFICATION**

Note: The Examining Physician must consider alternative forms of care and treatment that might be adequate to provide for the person's needs without requiring involuntary hospitalization.

Section 9.27 Mental Hygiene Law**I. GENERAL PROVISIONS FOR INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION****A. Standard for Admission**

A person alleged to be mentally ill and in need of involuntary care and treatment may be admitted to a hospital providing inpatient services for the mentally ill, upon the certificates of two examining physicians accompanied by an application for admission for such person.

- "In need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment.
- The person in need of involuntary care and treatment must, as a result of his or her mental illness, pose a substantial threat of harm to self or others.

B. Application

- The application must be made within 10 days prior to admission by:
 - any person with whom the person alleged to be mentally ill resides;
 - the father or mother, husband or wife, brother or sister or the child of any such person or the nearest available relative;
 - the committee of such person;
 - an officer of any public or well recognized charitable institution or agency or home in whose institution the person alleged to be mentally ill resides;
 - the director of community services or social services official, as defined in the social services law, of the city or county in which any such person may be;
 - the director of the hospital or of a general hospital, as defined in article twenty-eight of the public health law, in which the patient is hospitalized;
 - the director or person in charge of a facility providing care to alcoholics or substance abusers or substance dependent persons;
 - the director of the division for youth, acting in accordance with the provisions of section five hundred seventeen of the executive law;
 - subject to the terms of any court order or any instrument executed pursuant to section three hundred eighty-four-a of the social services law, a social services official or authorized agency which has, pursuant to the social services law, care and custody or guardianship and custody of a child over the age of sixteen;
 - subject to the terms of any court order, a person or entity having custody of a child pursuant to an order issued pursuant to section seven hundred fifty-six or one thousand fifty-five of the family court act; or
 - a qualified psychiatrist* who is either supervising the treatment of or treating such person for a mental illness in a facility licensed or operated by the Office of Mental Health (* means a physician licensed to practice medicine in NY State, who is a diplomate of the American Board of Psychiatry and Neurology or is eligible to be certified by that Board, or who is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by that Board).

C. Certification by Two Examining Physicians

The application must be supported and accompanied by two Certificates of Examining Physician (Form 471A). The examinations may be conducted jointly, but each examining physician must execute a separate certificate. If the examining physician knows that the person under examination has received prior treatment, s/he must, if possible, consult with the physician or psychologist furnishing such prior treatment.

The required examinations must be made within 10 days prior to the date of the patient's admission to the hospital.

A person is disqualified from acting as an examining physician if:

- he or she is not licensed to practice medicine in New York State.
- he or she is a relative of the person applying for admission, or of the person alleged to be in need of hospitalization.
- he or she is a manager, trustee, visitor, proprietor, officer, director, or stockholder of the hospital in which the patient is hospitalized or to which it is proposed to admit such person, or has any financial interest in such hospital other than receipt of fees, privileges or compensation for treating or examining patients in such hospital.
- he or she is on the staff of a proprietary hospital to which it is proposed to admit such person.

D. Hospital Evaluation, Admission and Retention

A physician on the psychiatric staff of the hospital, other than the original examining physicians, must examine the person alleged to be mentally ill and confirm the need for involuntary care and treatment prior to admission.

Subsequent to admission, if no request for a court hearing is made, the director may retain the patient for up to 60 days without taking other action.

If the hospital director determines that the condition of the patient requires hospitalization beyond 60 days:

- The patient may remain as a voluntary or informal patient if willing and suitable for such status.
- If the patient is unwilling or not suitable to remain as a voluntary or informal patient, the director must apply, before the end of the 60 day period, for a court order authorizing continued retention of the patient. The director must also inform the patient, the Mental Hygiene Legal Service, and others who received the original notice of the patient's commitment, that said director is applying for a court order, to give them the opportunity to request a hearing before the court, if they so desire.

State and Federal Laws prohibit discrimination based on race, color, national origin, age, sex, or disability.

FORM OMH 471A (1-89)

State of New York
Office of Mental Health**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

KIM SUNG

(21-52)

Sex

F

11/24/5

Date of Birth

Address

CPC

133/8/3

CERTIFICATIONI, B. K. SINGH MD, hereby certify that:
(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person

on: 08/20/02
MO DAY YEARat Creedmoor Psych. Center
(place where examined)

3. I find:
 - a. this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - b. as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - c. hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature

B. K. Singh MD

Print Name Signed

B. K. SINGH MD

Title

Psych. I

Address

CPC
80-45 Winchester Blvd
SU, NY 11427

Phone Number

(718) 264-4008

Date

08/22/02

Mo

Day

Yr.

Hr.

Min.

A
P

47 yr old M/F, Korean, lives with her husband & son was admitted to CPC on 7/30/02 on a CPL 730.40 statute transfer from Riker's Island Prison → EHC.

On 5/23/02 Pt. was arrested for an alleged Assault on her Chinese neighbor. Pt. was hearing voices of ppl.

Form OMH 471 A (1-89) page 2

Person's Name (Last, First, M.I.)

critical type at the time. On Court
order Psych. evaluation Pt. was
considered Not fit to proceed.

Pt. has past H/O emotional
problems, hearing voices since her
childhood & tends to become suspicious
& Paranoid at time.

On 8/1/02 Pt. was evaluated
with help from Korean-speaking
translator. Pt. was unable to
explain circumstances of above
arrest. She became intense angry
excitable at time & denied any
mental illness or need for
Psych. treatment. She was confused
& disorganized in thinking. Insight
& judgement severely impaired. Pt.
was considered a danger to self
& others & needs continued Psych.
In-Patient treatment.

FORM OMH 471A (1-89)

State of New York
Office of Mental Health**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Kim, Sung

Sex

F

Date of Birth

11/24/54

Address

CPC - 8B

CERTIFICATIONI, CYNTHIA DE LOS SANTOS, M.D., hereby certify that:
(Name of Examining Physician)

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person
on:

| | | |
|----|-----|------|
| 08 | 01 | 02 |
| MO | DAY | YEAR |

 at Creedmore Psych Ctr - 8B
(place where examined)
- I find:
 - this person has a mental illness for which care and treatment in a mental hospital is appropriate;
 - as a result of this mental illness, this person poses a substantial threat of harm to him/herself or others ("substantial threat of harm to him/herself" shall include the inability to safely survive in the community); and
 - hospitalization can reasonably be expected to improve this person's condition or at least prevent his/her deterioration.
- I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
- I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
- If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature

CMLMmb

Print Name Signed

CYNTHIA DE LOS SANTOS, M.D.

Title

PSYCHIATRIST

Address

80-45 Winchester Blvd, QV.

Phone Number

264-4008

Date

08

01

02

11

10

AM

Mo.

Day

Yr.

Hr.

Min.

PT

Ms. Kim is a 47 y/o Korean F who was admitted to CMC on 7/30/02 as a CMC 730.40 c instant offense of assault on the 2nd. It stated that "2 Chinese people" entered her apartment, for unknown reasons. The PCN stated that a fight occurred. It has a h/o psychiatric hospitalizations in Korea and in the US, h/o hospitalizations since a young girl, and Korean h/o a suicidal gesture at 14y/o 17y/o (OD) and no other known

Form OMH 471 A (1-89) page 2

Person's Name (Last, First, M.I.)

Kern, Susan

No assumptive behavior. Pt denies PSA, admits to drinking a can of beer every night. Pt is No non compliant in Tx
DSE: (Interview done through translator)

manually dressed Asian 9, fairly groomed, fair eye contact, cooperative at times, guarded in others, controlled.

Mood is irritable, labile, affect is appropriate to mood, speech is fluent in Korean, spontaneous; @ present delusions, is Chinese people entered her apt, threatening her; a Korean messenger threatening things to her. Pt becomes vague about hallucinations, denying it although she had acknowledged it in the past. Denies SA ID. Pt is no insight -

"I have no mental illness", feels victimized by the system, "is controlled by the legal system, her family, by everything".
Insight is impaired.

Imp: Nongovernmental PSA Denial.

Pt. is in need of hospitalization for stabilization and reduction of her psychotic symptoms, presents @ present delusions, grandiose, minimizing and denial of SA, no insight and poor judgment.

Form OMH 471A (2-94)

State of New York
Office of Mental Health**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Collins, Alphonsus

85054

Male

Sex

8/20/31

Date of Birth

CPC

Address

135

CERTIFICATIONI, PHILIP NINAN MD, hereby certify that:
(Name of Examining Physician)

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person
on:

| | | |
|----|-----|------|
| 03 | 06 | 03 |
| MO | DAY | YEAR |

 at CPC / Bldg 40/9B
(place where examined)
- I find:
 - this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment); and
 - as a result of his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).
- I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
- I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
- If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

| | | | | | | | | | | | | | | |
|---|-------------------------------|--|-------|--|------|--|----|----|----|----|----|-----|----|-------|
| Signature <u>Philip Ninan MD</u> | Print Name Signed P. NINAN | Title Staff Psychiatrist | | | | | | | | | | | | |
| Address 88-45 Woodside Blvd, Green Village NY 11327 | Phone Number 718 264 4140 | <table border="1"> <tr> <td colspan="2">Date</td> <td colspan="2">Time</td> </tr> <tr> <td>03</td> <td>06</td> <td>05</td> <td>31</td> </tr> <tr> <td>Mo</td> <td>Day</td> <td>Yr</td> <td>AM/PM</td> </tr> </table> | Date | | Time | | 03 | 06 | 05 | 31 | Mo | Day | Yr | AM/PM |
| Date | | Time | | | | | | | | | | | | |
| 03 | 06 | 05 | 31 | | | | | | | | | | | |
| Mo | Day | Yr | AM/PM | | | | | | | | | | | |
| 72 yr old homeless white male who was arrested for Criminal Trespass 3rd but was found unfit to stand trial and was released for psychiatric treatment. He is disheveled and malodorous. Incontinent. | | | | | | | | | | | | | | |

Form OMH 471A (2-84) page 2

Person's Name (Last, First, M.I.)

And unable to have a goal directed
Conversation, talking and laughing
inappropriately. He is disorganized
and unable to take care of
himself and needs inpatient
evaluation and stabilization

Form OMH 471A (2-94)

State of New York
Office of Mental Health**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Collins, Alphonsus 065054

Sex: M

8/20/31

Date of Birth

Address

CPL

913

CERTIFICATIONI, RADHA SANKAR, MD, hereby certify that:
(Name of Examining Physician)

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person
on:

| | | |
|----|-----|------|
| 03 | 06 | 03 |
| MO | DAY | YEAR |

 at Crocodon.
(place where examined)
- I find:
 - this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment); and
 - as a result of his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).
- I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
- I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
- If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

| Signature <u>R. Sankar</u> | Print Name Signed <u>R. SANKAR MD</u> | Title <u>Psychiatrist</u> | | | | | | | | | | | |
|---|--|---|---|--------------|----------------|-----------------|--------------|--------------|---------------|---|--------------|----------------|-----------------|
| Address <u>5045 Winchester Blvd. Ancient Village</u> | Phone Number <u>718-264-4009</u> | <table border="1"> <tr> <th colspan="2">Date</th> <th colspan="2">Time</th> </tr> <tr> <td>Mo. <u>3</u></td> <td>Day <u>6</u></td> <td>Yr. <u>03</u></td> <td> <table border="1"> <tr> <td>Hr. <u>2</u></td> <td>Min. <u>15</u></td> <td>AM/PM <u>AM</u></td> </tr> </table> </td> </tr> </table> | Date | | Time | | Mo. <u>3</u> | Day <u>6</u> | Yr. <u>03</u> | <table border="1"> <tr> <td>Hr. <u>2</u></td> <td>Min. <u>15</u></td> <td>AM/PM <u>AM</u></td> </tr> </table> | Hr. <u>2</u> | Min. <u>15</u> | AM/PM <u>AM</u> |
| Date | | Time | | | | | | | | | | | |
| Mo. <u>3</u> | Day <u>6</u> | Yr. <u>03</u> | <table border="1"> <tr> <td>Hr. <u>2</u></td> <td>Min. <u>15</u></td> <td>AM/PM <u>AM</u></td> </tr> </table> | Hr. <u>2</u> | Min. <u>15</u> | AM/PM <u>AM</u> | | | | | | | |
| Hr. <u>2</u> | Min. <u>15</u> | AM/PM <u>AM</u> | | | | | | | | | | | |

He is a 72 yrs old unemployed, Roman white male
was arrested on 1/30/03 for Criminal Trespassing 3°.
He was found unfit to proceed on 730 examination
at Bellevue and sent to Crocodon from R. have
for further treatment. He was disturbed and

Form OMH 471A (2-94) page 2

Person's Name (Last, First, M.I.)

mol odors when he came. He is totally disorganized in his thinking with incoherent speech. Often speaks in a low ~~in~~audible voice, whispering. He is unable to focus. Talks to himself laughing and gesturing to himself inappropriately in response to auditory hallucinations. He is also highly delusional claiming to know various stars, to be a real estate agent, worked in foreign exchange etc. Pt does not believe he needs to be in the hospital or that he needs medication. Pt has had multiple hospitalizations and is high on case now. Compliant to medication.

**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Brault Shawn 122121

Sex

Male

Date of Birth

5/25/60

Address

CPC

CERTIFICATIONI, PHILIP NINAN, hereby certify that:
(Name of Examining Physician)

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person

on:

| | | |
|-----|-----|------|
| 06 | 08 | 04 |
| MO. | DAY | YEAR |

at

Bldg 40/9B

(place where examined)

3. I find:

- this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment); and
- as a result of his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).

- I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
- I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
- If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature

Philip Ninan MD

Print Name Signed

P. NINAN

Title

MD

Address

80-15 Wyandham Blvd
Queens Village, NY 11421

Phone Number

718 264 4140

Date

06
Mo.08
Day04
Yr.

Time

3:45

AM

44 yr old white male who was admitted
on a CPC 730.40 status after he was
found unfit to stand trial for the
charges of Assault 3° and Harassment 2°.
He continues to be psychotic & delusional.

CPC 05 1433

Person's Name (Last, First, M.I.)

of grandeur and pleasure and
needs inpatient stabilization

CPC 05 1434

**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Cordero Cardenas

Sex

Male

10/1/78

Date of Birth

Address

CPC

CERTIFICATIONI, PHILIP NINAN, hereby certify that:
(Name of Examining Physician)

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person

on:

| | | |
|-----|-----|------|
| 07 | 08 | 03 |
| MO. | DAY | YEAR |

at

CPC, Bldg 60/ Ward 9B

(place where examined)

3. I find:

- this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment); and
 - as a result of his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).
- I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
 - I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
 - If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
 - To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature

Philip Ninan

Print Name Signed

P. NINAN

Title

Staff Psychologist

Address

80-65 Winchestr Blvd
Queens Village, N.Y. 11427

Phone Number

718 264 4140

Date

07

08

03

9

30

AM

Mo.

Day

Yr.

Hr.

Min.

PM

27 yr old Single, Hispanic male who was admitted on a 730.60 CPC status. It has a long psychiatric history with multiple hospitalizations since Jan '03 due to noncompliance and substance

CPC 05 1293

Person's Name (Last, First, M.I.)

abuse. He is delusional and paranoid
believes people are watching him, is
grandiose about winning lottery etc.
He is overtly psychotic and in
need of inpatient stabilization

**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Brault Shawn

122121

Sex

male

5/25/60

Date of Birth

Address

CPC

9B

CERTIFICATIONI, LESLIE ANTDINE M.D., hereby certify that:
(Name of Examining Physician)

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person

on:

060804
MO DAY YEAR

at

CPC - Bldg 40

(place where examined)

3. I find:

- this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment); and
- as a result of his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).

- I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
- I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
- If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature

L. Antdine

Print Name Signed

L. ANTDINE M.D.

Title

Staff Psychiatrist

Address

88-45 Winchester Blvd
Queens Village, NY 11427

Phone Number

718
264-4139

Date

06

08

04

3

30

AM

PM

Time

44 year old Caucasian separated, unemployed male was admitted to CPC on a CPL 73D-40 status evaluation which was ordered by the Court based on patient's disruptive, confused and bizarre behavior. Patient was found

CPC 05 1431

Person's Name (Last, First, M.I.)

unfit to stand trial for the charges of
Assault in the Third degree and harassment
in the Second degree. Patient is still psychotic
expressing delusions of prosecution, grandiosity.
Patient needs inpatient care for
stabilization of his mental process -

CPC 05 1432

CERTIFICATE OF EXAMINING PHYSICIAN

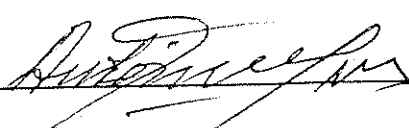
To Support and Application for
Involuntary Admission

| | | |
|---|---------------|----------|
| Person's Name (Last, First, M.I.) | | C Number |
| Blodywon,Zhordrack | | 122345 |
| Sex | Date of Birth | |
| Male | 12/15/71 | |
| Address 80-45 Winchester Blvd, Bldg 40, Ward 9B | | |

CERTIFICATION

I, Leslie Antoine,M.D., hereby certify that:

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person.
on: 05/05/05 at Creedmoor Psychiatric Center.
- I find:
 - this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("*in need of involuntary care and treatment*" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgement is so impaired that he or she is unable to understand the need for such care and treatment); and
 - as a result his or her mental illness, this person poses a substantial threat of harm to self or others ("*substantial threat of harm*" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).
- I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
- I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
- If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

| | | | |
|---|--|------------------|-------------------|
| Signature  | Print Name Signed Leslie Antoine,M.D. | Title M.D. | |
| Address 80-45 Winchester Blvd, Ward 9B Queens Village, N.Y 11427. | Phone Number 718-264-4139 | Date 05/05/05 | Time 10:30 AM. |
| | | Mo. | Day |
| | | Yr. | Hr. |
| | | Min. | AM/PM |

This is a 33 year old , black, single, unemployed male, admitted to Creedmoor Psychiatric Center on CPL status 730.40 ,final order of observation after being found unfit to stand trial for the charges of Criminal Trespas 111, Firearms 11, Harassment 11 and possession of a knife/sword. Patient has past history of psychiatric illness. He is socially withdrawn with constricted affect. He has poor insight into his problems. He needs further inpatient care for stabilization of his mental process.

Form OMH 471A (2-94)

State of New York
Office of Mental Health**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Collins, Alphonsus

85054

Male

Sex

8/20/31

Date of Birth

CPC

Address

135

CERTIFICATIONI, PHILIP NINAN MD, hereby certify that:
(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person
on:

| | | |
|-----|-----|------|
| 03 | 06 | 03 |
| MO. | DAY | YEAR |

 at CPC / Bldg 40 / 9B
(place where examined)
3. I find:
 - a. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment); and
 - b. as a result of his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

| | | | | | | | | | | | | | | |
|--|-------------------------------|---|-----|------|----|---|----|----|-----|-----|-----|-----|------|----|
| Signature <u>Philip Ninan MD</u> | Print Name Signed P. NINAN | Title Staff Psychiatrist | | | | | | | | | | | | |
| Address 80-45 Winchster Blvd, Green Village NY 11227 | Phone Number 718 264 4140 | Date | | | | | | | | | | | | |
| | | Time | | | | | | | | | | | | |
| | | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>05</td><td>06</td><td>05</td><td>3</td><td>55</td><td>AM</td></tr> <tr> <td>Mo.</td><td>Day</td><td>Yr.</td><td>Hr.</td><td>Min.</td><td>PM</td></tr> </table> | 05 | 06 | 05 | 3 | 55 | AM | Mo. | Day | Yr. | Hr. | Min. | PM |
| 05 | 06 | 05 | 3 | 55 | AM | | | | | | | | | |
| Mo. | Day | Yr. | Hr. | Min. | PM | | | | | | | | | |
| 72 yr old homeless white male who was arrested for Criminal Trespass 3rd but was found unfit to stand trial and was referred for psychiatric treatment. He is disoriented and malodorous incontinent | | | | | | | | | | | | | | |

Form OMH 471A (2-84) page 2

Person's Name (Last, First, M.I.)

and unable to have a goal directed
conversation, talking and laughing
inappropriately. He is disorganized
and unable to take care of
himself and needs inpatient
evaluation and stabilization